


# FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN  
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

Form Approved  
Office of Management and Budget  
No. 1215-0188  
Expires: 11-30-2002

This report is mandatory under PL. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 	1. FILE NUMBER <u>006-136</u>	2. PERIOD COVERED MO DAY YEAR From <u>01 01 2000</u> Through <u>12 31 2000</u>	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
	<b>IMPORTANT</b>  Peel off the address label from the back of the package and place it here.  If the label information is correct, leave Items 4 through 8 blank.  If any of the label information is incorrect, complete Items 4 through 8.		
4. AFFILIATION OR ORGANIZATION NAME <u>PRODUCTION SERVICE AND SALES DISTRICT COUNCIL</u>		8. MAILING ADDRESS (Type or print in capital letters.) First Name <u>EDWARD</u> Last Name <u>RIVERA</u> P.O. Box • Building and Room Number (if any)  Number and Street <u>9201 4<sup>TH</sup> AVENUE</u> City <u>BROOKLYN</u> State ZIP Code + 4 <u>NY 11209 -</u>	
5. DESIGNATION (Local, Lodge, etc.) <u>LOCAL</u>		6. DESIGNATION NUMBER <u>222-S</u>	
7. UNIT NAME (if any) <u>UECW AFL-CIO</u>			
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.) Yes <input checked="" type="checkbox"/> No			

75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)	
Item Number	Description
11	PRODUCTION SERVICE AND SALES D.C. HEALTH FUND 11-1889115
11	PRODUCTION SERVICE AND SALES D.C. PENSION FUND 11-2006994
13	OFFICE EQUIPT WAS LEFT AT FORMER PREMISES FOR DISPOSAL. EQUIPMENT WAS OUTDATED AND HAD NO MARKET VALUE
14	ABE STEINBERG, C.P.A. - 50 MERRICK ROAD, ROCKVILLE CENTRE, N.Y. 11570

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

76. SIGNED: <u>Edward Rivera</u> <u>02/28/01</u> (718) 491-4700 Date Telephone Number	PRESIDENT (If other title, see instructions.)	77. SIGNED: <u>[Signature]</u> <u>3/3/01</u> (718) 491-4700 Date Telephone Number	TREASURER (If other title, see instructions.)
---------------------------------------------------------------------------------------------	--------------------------------------------------	-----------------------------------------------------------------------------------------	--------------------------------------------------

*During the Reporting Period Did Your Organization:*

- |                                                                                                                                                                                                          | Yes                                 | No                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? .....                                                                                                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? .....              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 12. Have a political action committee (PAC) fund? .....                                                                                                                                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? .....                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? .....                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 15. Discover any loss or shortage of funds or other property? .....<br>(Answer "Yes" even if there has been repayment or recovery.)                                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ..... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 17. Liquidate or reduce any liabilities without disbursement of cash? .....                                                                                                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 1147
19. What is the date of your organization's next regular election of officers? MO 12 YEAR 2003
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 40000
21. What are your organization's rates of dues and fees?  
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ <u>12-23<sup>50</sup></u> per <u>MONTH</u> (Month, Year, etc.)
(b) Initiation Fees	\$ <u>25-100</u>
(c) Transfer Fees	\$ _____
(d) Work Permits	\$ _____ per _____ (Month, Year, etc.)

- |                                                                                                                                                                                                                                                                                                                                                    | Yes                      | No                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|
| 22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? .....<br>(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? .....                                                                                                                                                                                                            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 24. Did your organization have any contingent liabilities at the end of the reporting period? .....                                                                                                                                                                                                                                                | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

# STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 006-136

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item			
ASSETS	25. Cash.....		31601	18912
	26. Accounts Receivable.....		0	0
	27. Loans Receivable.....	1	0	0
	28. U.S. Treasury Securities .....		0	0
	29. Investments .....	2	0	0
	30. Fixed Assets .....	5	0	0
	31. Other Assets .....	3	0	0
	32. TOTAL ASSETS .....		31601	18912
LIABILITIES	33. Accounts Payable.....		0	0
	34. Loans Payable .....	8	0	10000
	35. Mortgages Payable .....		0	0
	36. Other Liabilities .....	4	6328	6204
	37. TOTAL LIABILITIES .....		6328	0
	38. NET ASSETS (Item 32 less Item 37) .....		25273	2708

# STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 006-136

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
39. Dues .....		303 940	56. To Officers .....	9	160 394
40. Per Capita Tax .....		0	57. To Employees .....	10	0
41. Fees .....		0	58. Per Capita Tax .....		35 681
42. Fines .....		0	59. Fees, Fines, Assessments, etc. ....		0
43. Assessments .....		0	60. Office & Administrative Expense ....	13	13 899
44. Work Permits .....		0	61. Educational & Publicity Expense ...		0
45. Sale of Supplies .....		0	62. Professional Fees .....		99 36
46. Interest .....		0	63. Benefits .....	11	33 257
47. Dividends .....		0	64. Contributions, Gifts & Grants .....	12	950
48. Rents .....		0	65. Supplies for Resale .....		0
49. Sale of Investments & Fixed Assets .....	6	0	66. Direct Taxes .....		12 599
50. Loans Obtained .....	8	10 000	67. Withholding Taxes .....		46 095
51. Repayments of Loans Made .....	1	0	68. Purchase of Investments & Fixed Assets .....	7	0
52. On Behalf of Affiliates for Transmittal to Them .....		3943	69. Loans Made .....	1	0
53. From Members for Disbursement on Their Behalf .....		0	70. Repayment of Loans Obtained .....	8	0
54. Other Receipts .....	14	122	71. To Affiliates of Funds Collected on Their Behalf .....		4 115
			72. On Behalf of Individual Members ...		0
			73. Other Disbursements .....	15	13 768
55. TOTAL RECEIPTS .....		318 005	74. TOTAL DISBURSEMENTS .....		330 694

FILE NUMBER: 006-136

## SCHEDULE 1 — LOANS RECEIVABLE

Form LM-2 (Revised 2000)

## SCHEDULE 2 — INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

Description (A)	Amount (B)
<b>Marketable Securities</b>	
1. Total Cost	
2. Total Book Value	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
<b>Other Investments</b>	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	0
Enter the Total from Line 7 in ..... Item 29, Column (B)	

FILE NUMBER: 006-136

## SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
Enter the Total from Line 7 in ..... Item 31, Column (B)	

## SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. DUE TO UFCW PENSION FD	6155
2. PAYROLL TAXES PAYABLE	49
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	6204
Enter the Total from Line 7 in ..... Item 36, Column (D)	

# **SCHEDULE 5 — FIXED ASSETS**

FILE NUMBER: 006-136

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)				
3. Buildings (give location):				
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment				
7. Other Fixed Assets				
8. Totals of Lines 1 through 7			0	

Enter the Total from Line 8, Column (D) in ..... Item 30, Column (B)

# **SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS**

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
			7. Less Reinvestments	
			8. Net Sales	0

Enter the Total from Line 8 in ..... Item 49

# SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 006-136

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1.			
2.			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5			
	7. Less Reinvestments		
	8. Net Purchases		
Enter the Total from Line 8 in ..... <span style="float: right;">↑ Item 68</span>			

# SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. P.S.S. District Council		10,000			
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	0	10,000			10,000
Enter the Totals from Line 6 in ..... <span style="float: right;">↑ Item 34 Column (D)</span>					



# SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 006-136

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
1. <small>Last Name</small> RIVERA <small>First Name</small> EDWARD Title PRESIDENT Status C		113071	0	2420	0	115491
2. <small>Last Name</small> DOMINI <small>First Name</small> WILLIAM Title SECRETARY TREAS Status C		89400	0	1647	0	91047
3. <small>Last Name</small> TRAVARES <small>First Name</small> CARLOS Title VICE PRESIDENT Status C		0	0	0	0	0
4. <small>Last Name</small> BORRIELLO <small>First Name</small> JACQUEL Title RECORDING SECY Status C		0	0	0	0	0
5. <small>Last Name</small> GUIRGO <small>First Name</small> MICHAEL Title TRUSTEE Status C		0	0	0	0	0
6. <small>Last Name</small> <small>First Name</small> Title Status						
7. <small>Last Name</small> <small>First Name</small> Title Status						
8. Totals from additional pages (if any)						
9. Totals of Lines 1 through 8		202471	0	4067		206538
				10. Less Deductions 46144		
Enter the Total from Line 11 in ..... Item 56 ➡				11. Net Disbursements 160394		

\*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

# SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 006-136

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
1. <small>Last Name First Name</small>		0	0	0	0	0
<small>Position</small>						
<small>Name of Affiliated Organization</small>						
2. <small>Last Name First Name</small>		0	0	0	0	0
<small>Position</small>						
<small>Name of Affiliated Organization</small>						
3. <small>Last Name First Name</small>		0	0	0	0	0
<small>Position</small>						
<small>Name of Affiliated Organization</small>						
4. <small>Last Name First Name</small>		0	0	0	0	0
<small>Position</small>						
<small>Name of Affiliated Organization</small>						
5. <small>Last Name First Name</small>		0	0	0	0	0
<small>Position</small>						
<small>Name of Affiliated Organization</small>						
6. Totals from additional pages <small>(if any)</small>						
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates						
8. Totals of Lines 1 through 7		0	0	0	0	0
				9. Less Deductions 0		
Enter the Total from Line 10 in.....Item 57 ⇨				10. Net Disbursements 0		

# **SCHEDULE 11 — BENEFITS**

FILE NUMBER: 006-136

Description (A)	To Whom Paid (B)	Amount (C)
1. PENSION BENEFITS	PSSDC PENSION FUND	11071
2. GROUP LIFE INSURANCE	FIRST ALLMERICA FINANCIAL CO NO. AMERICAN BENEFITS CO	457
3. MEDICAL INSURANCE	BLUE CROSS / BLUE SHIELD	18195
4. PRESCRIPTION PLAN	GENERAL PRESCRIPTION PROGRAM	3534
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		33257
Enter the Total from Line 6		↑ Item 63

# **SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS**

Description (A)	Amount (B)
1. ILC TRADE UNION COUNCIL	500
2. NO ITU EDUCATION FD	700
3. FRIENDS OF ROBERT DI CARLO	750
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	950
Enter the Total from Line 8 in	
↑ Item 64	

# **SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE**

Description (A)	Amount (B)
1. RENT	8280
2. TELEPHONE	2456
3. POSTAGE OFFICE SUPPLIES	3163
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	13899
Enter the Total from Line 8 in	
↑ Item 60	

**SCHEDULE 14 —  
OTHER RECEIPTS**

Description (A)	Amount (B)
1. REUND-FED. UNINS TAX	112
2. REIMB.-BANK CHARGES	10
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	122
Enter the Total from Line 17 in ..... <sup>↑</sup> Item 54	

**SCHEDULE 15 —  
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. SERVICES RENDERED	12854
2. UNION DUES-REFUNDED	113
3. BANK CHARGES	10
4. SUBSCRIPTION	280
5. XMAS EXPENSES	511
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	13768
Enter the Total from Line 17 in ..... <sup>↑</sup> Item 73	